

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

Do not use this space.

1274

1. PLACE OF DEATH

County Jackson

Registration District No. 399

Township Kan

Primary Registration District No. 1002

City Kansas City

(No. 2641, Forest 7.)

File No. _____

Registered No. 65

St. _____ Ward _____

2. FULL NAME

Gustave Finhorn

(a) Residence, No. 4029

(Usual place of abode)

St. _____

Ward _____

(If nonresident, give city or town and State)

Length of residence in city or town where death occurred 5 yrs. mos. ds. How long in U. S., if of foreign birth? 56 yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX

Male

4. COLOR OR RACE

Wh.

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)

Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF

Tina Finhorn

6. DATE OF BIRTH (MONTH, DAY, AND YEAR)

Not Known

7. AGE

YEARS

73

MONTHS

DAYS

If LESS than 1 day, _____ hrs. or _____ min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

Retired

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

Grocer 2622

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)

Poland

FATHER

13. NAME

Not Known

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)

Not Known

MOTHER

15. MAIDEN NAME

Not Known

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)

Not Known

17. INFORMANT (ADDRESS)

Melton Finhorn
City

18. BURIAL, CREMATION, OR REMOVAL

PLACE Mt. Carmel (Jan 6, 1937)

19. UNDERTAKER (ADDRESS)

J. T. Davis Funeral Home
14 C. St. Mo.

20. FILED

1-6 1937 M. M. Crowe, registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan 5, 1937

22. I HEREBY CERTIFY, That I attended deceased from Dec 3 to Jan 5, 1937

I last saw him alive on Jan 5, 1937 Death is said to have occurred on the date stated above, at 5 P. m.

The principal cause of death and related causes of importance were as follows:

Cerebral thrombosis

Date of onset 12/5/36

Other contributory causes of importance:

Arteriosclerosis

24
270

Name of operation None Date of _____

What test confirmed diagnosis? Phys. findings Was there an autopsy? No

23. If death was due to external causes (Violence), fill in also the following:

Accident, suicide, or homicide? _____ Date of injury _____, 19____

Where did injury occur? _____ (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury _____

Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased?

If so, specify _____

(Signed) [Signature], M. D.

(Address) 44 W. 1st St. Mo.

Prof.